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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

10

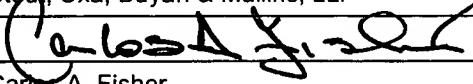
Application Number	A05009CIPCON
Filing Date	July 12, 2001
First Named Inventor	GARST
Group Art Unit	1618
Examiner Name	FAY, Z.

Attorney Docket Number 17095CIPCON

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of _____ <input type="checkbox"/> CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Stout, Uxa, Buyan & Mullins, LLP		
Signature			
Printed Name	Carlos A. Fisher		
Date	1/4/06	Reg. No.	36,510

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 571-273-8300, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	Alicia Curran	
Typed or printed name	Alicia Curran	Date

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Docket No. 17095CIPCON(AB)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Garst, Michael E.) Group Art Unit: 1618
Serial No: 09/903,954)
Conf. No.: 3028)
Filed: July 12, 2001)
For: Combinations of Prostaglandins)
and Brimonidine or Derivatives)
Thereof)

)

REPLY

Mail Stop AF

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This communication is in reply to the Final Office Action of November 2, 2005. Claims 21-25 and 27 are currently pending in the application. Applicants have the following comments.

Remarks begin on page 6 of this Reply.

CERTIFICATE OF MAILING

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: BOX NON FEE AMENDMENT, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA, 22313-1450 ON 1/4/06 PRINTED NAME OF PERSON MAKING DEPOSIT: Alicia Curran; SIGNATURE OF PERSON MAKING DEPOSIT: Alicia Curran
DATE: January 4, 2006